## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 08 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE:

N08088

(9)

THE CHURCH AT SIESTA BAY, INC.

Principal Place	of Business	Mailing Address				A INSTITUTE DE LOS TOURS POUR FOUNDE FOUND	A INGRITION RALL ORDER I DOIN BOLDE KANNEL AND BARTH BLOWN MIDIT SHOW DIRLIN BROTH HEAR			
11766 CARAVEL FT. MYERS FL		11766 CARAVEL CIRCLE FT. MYERS FL 33908-3942								
						3. Date incorporated or Qualified 03/11/1985		te of Last R 04/24/19		
<del></del>	lace of Business	2a. Mailing Address	<u> </u>			4. FEI Number 59-2725351	Applied For Not Applicable			
21 Suite, Apt. 4	# elc	Suite, Apt. #, etc.			OD ET EGGGT		\$8.75	<del></del>		
22	m ( 0.0.	27			5. Certificate of Status Desired		Fee Re			
City & State	ə	City & State	City & State			6. Election Campaign Financing				
23		28	-1		<del></del>	Trust Fund Contribution		Added		
Zip	├── <b>┐</b>		Country			8. This corporation has liability for		tax under s No	199.032,	
24	9. Name and Address of Curre	29 ent Registered Agent	30		·····	Florida Statutes  10. Name and Address of New Re				
			- 1	61	Name					
STOCKHAM, SUSAN L.					82 Street Address (P.O. Box Number Is Not Acceptable)					
	OUTH TAMIAMI TRAIL		5treet Ad			doress (F.O. Box Number is Not Acceptal	(elc			
	TA FL 34239		Ī	83						
			7	84	City			85 Zip (	Code	
		F00 - 1017 (F00 F) - 1 - 5 - 1		┙	<del></del>		<u>FL</u>	ببلب		
office or re	to the provisions of Sections 617.05 egistered agent, or both, in the Stat	502 and 617.1508, Florida Stati ite of florida. Such change was	utes, the ab	ove by	i-named top	corporation submits this statement for the poration's board of directors. I hereby acce	ourpose or a	changing it sintment as	s registered registered	
agent. Lar	m amiliar with, and accept the obli	itian ins of, Socien 617.0503, F	-lorida Statu	nes	. ·	· 1	11 15-	(00)	•	
SIGNATURE 🛬	Signature, who or printed name of registered a	AN X VIVO	TF: Registered	Ane	n) Rigoshara	required when reinstating)	UIS DATE	177		
12.	OFFICERS A	ND DIRECTORS	13.	.₩ei	n signature t	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	IS IN 12	
TIFLE	CO	☐ DELETE	1.1 TITL	LE				Change	Addition	
NAME	KAUFFMAN, RUSSELL R.		1.2 NAM	ME .						
STREET ADDRESS	11766 CARAVEL CIRCLE		1.3 STREET ADDRESS							
CITY-ST-ZIP	FT. MYERS FL 33908	1.4 CITY - ST - ZIP								
TITLE	SD DELET		2.1 TITLE				į	Change	Addition	
NAME	HANST, GEORGENE		2.2 NAA	-						
STREET ADDRESS	16579 CORIANDER				ADDRESS					
CITY-ST-ZIP TITLE	FY. MYERS FL 33908 TD	(X) DELETE	2.4 CITY-ST-ZIP TE 3.1 TITLE			<del></del>		Change	Addition	
NAME	HENDRICKS, HOWARD	Las occure	3.2 NAM					- Ollarigo	La Addition	
STREET ADDRESS	1302 MCGREGOR PARK				ADDRESS					
CITY-ST-ZIP	FT MYERS FL		3.4. CIT							
TITLE	AT	DELETE	4.1 TITL			Treasurer, Director		X Change	☐ Addition	
NAME	BUTZIN, ROSE		4. 2 NA	ME	1	Butzin, Rose				
STREET ADDRESS	16981 SUMMERLIN RD H-2	71	4.3 STR	REET	ADDRESS	16981 Summerlin RD	H271			
CITY-ST-ZIP	FT. MYERS FL		4.4 CIT	Y-51	I-ZIP	Ft. MyersFl. 33908				
TITLE		☐ DELETE	5.1 TITL				,	Change	Addition	
NAME			5.2 NAA	ME						
Street address					ADORESS		•			
CITY - S1 - ZIP TITLE		DELETE	5.4 CIT		(-2IP			Change	Addition	
NAME			6.1 TITE 6.2 NAM				1	L. Oriange	L.,J Addition	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			6.4 CIT					1		
14. I do hereb	by certify that the information suppli	lied with this filing does not que	alify for the e	exer	mption st	ated in Section 119.07(3)(i), Florida Statute	s. I further	certify that	the	
information	n indicated on this annual report or	r supplemental annual report is or the receiver or trustee emoc	true and ac	CCU	rate and	that my signature shall have the same leg-	al effect as Statutes: ar	il made un ad that my i	der oath; that	
appears in	n Block 12 of Block 13 if changed,	or on an atjachment with an ac	ddress.	,		eport as required by Chapter 617, Florida	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	